

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Position applied for: **POLICE OFFICER**

Section I - PERSONAL RECORD

- 1) LEGAL NAME: _____
Last Name First Name Full Middle Name
- 2) List all other names you have used or been known by (Maiden name, adopted name, aliases, nicknames, etc.) and explain each one:

- 3) Your present SOCIAL SECURITY number: _____
3 Digits 2 Digits 4 Digits
- 4) Other Social Security number(s) that have been assigned to you: _____
- 5) Date of Birth: _____
Month Day Year
- 6) Age at last Birthday: Years 7) Gender: ☐ Male ☐ Female
- 8) List any other dates of birth you have used and the reason for doing so:

- 9) Place of Birth: City _____ County _____ State _____
- 10) If place of birth is other than Milwaukee, when did you move to Milwaukee? _____
Month Year
- 11) Present Address: _____
City _____ State _____ Zip _____
- 12) Home Telephone Number ()- - _____ Hours available at this number? _____
Cell Telephone Number ()- - _____ Hours available at this number? _____
- 13) Work Telephone Number ()- - _____ Hours available at this number? _____
- 14) If you have no phone, supply the name and number of the person who can contact you, including their relationship (i.e. Spouse, friend, brother, etc.)

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

NOTE: Marital and parental status is being elicited only for the purpose of conducting a background investigation. Marital and parental status are not used to determine your suitability as a Milwaukee Police Department employee.

15) Current Marital Status: ☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Name of Present Spouse:

	Last Name	First Name	Middle Name
Spouse's Other Name(s) / Maiden Name			/ /
	Last Name	First / Middle Names	Date of Birth

City/State Marriage Performed: _____ Date: ____ / ____ / ____

Present Address (if different than yours): _____

City _____ State _____ Zip _____

Spouse's Telephone Number: ____ (____)- ____ - ____

Occupation of Spouse: _____ Spouse's
Spouse's Employer: _____

Business Address: _____ Business Phone: ____ (____)- ____ - ____

16) Name of Girlfriend /
Boyfriend / Fiancée:

Last Name	First Name	Middle Name
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Present Address: _____

City _____ State _____ Zip _____

Home Telephone Number ____ (____)- ____ - ____ Date of Birth ____ / ____ / ____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: ____ (____)- ____ - ____

18) List ALL previous marriages in order of occurrence

Name of Former Spouse:

Last Name (presently using)	First Name	Middle Name
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Present Address: _____

City/State Marriage Performed: _____ Date: ____ / ____ / ____

Court Issuing Divorce / Annulment: _____

Date Filed: ____ / ____ / ____ Date Granted: ____ / ____ / ____

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Name of Former Spouse: _____
Last Name (presently using) First Name Middle Name

Present Address: _____

City/State Marriage Performed: _____ Date: ____ / ____ / ____

Court Issuing Divorce / Annulment: _____

Date Filed: ____ / ____ / ____ Date Granted: ____ / ____ / ____

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT

19) List all children (Include natural, stepchildren, adopted children, foster children and other dependents). If deceased, so indicate.

a) Name: _____ / ____ / ____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

b) Name: _____ / ____ / ____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

c) Name: _____ / ____ / ____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

19) Children - Continued

d) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

e) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

f) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

g) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

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**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section 1A – RELATIVES & FAMILY MEMBERS

20) Supply the appropriate information in the spaces provided below. If a category is not applicable, write “n/a”.
Indicate if the person is deceased.

Father ()- -
Last Name First Name Middle Name Phone Number

Address
City State Zip

Step-Father ()- -
Last Name First Name Middle Name Phone Number

Address
City State Zip

Mother ()- -
Last Name First Name Middle Name Phone Number

Address
City State Zip

Step-Mother ()- -
Last Name First Name Middle Name Phone Number

Address
City State Zip

Father-in-Law ()- -
Last Name First Name Middle Name Phone Number

Address
City State Zip

Mother-in-Law ()- -
Last Name First Name Middle Name Phone Number

Address
City State Zip

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

20. Family – continued. For the following, check the appropriate relationship.

a) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

b) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

c) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

d) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

e) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

f) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section II - RESIDENCES

- 21) Have you ever lived in a foster home? ☐ Yes ☐ No
If yes, explain and give details (Names, Dates, Addresses, etc.)

- 22) List below in reverse chronological order each place you have resided. Start with your present address and work backwards. Be careful to give your correct addresses. OMIT NONE. Periods of residency at college may be denoted by the college address, although specific addresses are preferred.

Present
Address _____
City State Zip

With whom do
you live? _____
Do you ☐ Rent
☐ Own

From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____
If Renting –
Landlord Name _____ Landlord Phone ()- -
Landlord
Address _____
City State Zip

Previous
Address _____
City State Zip

With whom did
you live? _____
Do you ☐ Rent
☐ Own

From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____
If Renting –
Landlord Name _____ Landlord Phone ()- -
Landlord
Address _____
City State Zip

Previous
Address _____
City State Zip

With whom did
you live? _____
Do you ☐ Rent
☐ Own

From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____
If Renting –
Landlord Name _____ Landlord Phone ()- -
Landlord
Address _____
City State Zip

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Previous
Address _____
City State Zip

With whom did
you live? _____
Do you ☐ Rent
From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____ ☐ Own

If Renting –
Landlord Name _____ Landlord Phone ()- -
Landlord
Address _____
City State Zip

Previous
Address _____
City State Zip

With whom did
you live? _____
Do you ☐ Rent
From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____ ☐ Own

If Renting –
Landlord Name _____ Landlord Phone ()- -
Landlord
Address _____
City State Zip

22a) List any other city or cities you have **ever** lived in. (Include Military)

**NOTE: IF THERE ARE MORE RESIDENCES THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES
FOLLOWING SAME FORMAT.**

23) Has a formal eviction action ever been commenced against you? ☐ YES ☐ NO If yes, explain and
give details including date and County:

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section III - CITIZENSHIP

24) Are you a United States citizen? ☐ YES ☐ NO

25) If you are of foreign birth, or are a naturalized citizen, provide the following:

Country of Birth _____	Date of Entry into the United States _____ / ____ / ____
Port of Departure for the United States _____	Port / Place of Entry into the United States _____

26) If a naturalized citizen, name and address of person who sponsored you on arrival:

Sponsor Name	_____		
	Last	First	Middle
Current Address of Sponsor	_____		
	City	State	Zip
Your First Address after Arrival in US	_____		
	City	State	Zip

26a) When did you obtain Citizenship?

Petition Number _____	Date _____ / ____ / ____
State _____ Court _____	Certificate Number _____

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section IV - EMPLOYMENT HISTORY

27) Beginning with your current employment, list all jobs including full-time, part-time, and temporary positions you have ever held. If you have had intervening periods of military service, unemployment or public assistance, list those periods in sequence in the spaces provided.

SAMPLE RESPONSE:

Dates of Employment	From 09/1999	To 11/1999	Employer Cover-All Insurance
<hr/>			
Address	2323 S 23 ST, Ste 233	Milwaukee	WI 53233
		City	State Zip
Position	Insurance Agent	Supervisor	Mr. Frank Franklin (414)-233-2323
<hr/>			
Title of Supervisor _____			
Co-Worker	Name Thomas Jones	Address 1717 S 17 St, Milwaukee, WI 53217	Phone (414)-217-1717
<hr/>			
Reason for Leaving Company went out of business			
<hr/>			
Did you give proper notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain circumstances: _____			
<hr/>			

a) CURRENT EMPLOYER:

Dates of Employment	From /	To /	Employer
<hr/>			
Address	_____		
	City	State	Zip
Position	Supervisor	()- -	
<hr/>			
Title of Supervisor _____			
Co-Worker	Name	Address	Phone ()- -
<hr/>			
Reason for Leaving _____			
<hr/>			
Did you give proper notice? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain circumstances: _____			
<hr/>			

City of Milwaukee Police Department Applicant Personal History Questionnaire

b) PREVIOUS EMPLOYER:

Dates of Employment	From /	To /	Employer

Address _____
 _____ City _____ State _____ Zip _____

Position _____ Supervisor _____ ()- -

Title of Supervisor _____

Co-Worker	Name	Address	Phone ()- -
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Reason for Leaving _____

Did you give proper notice? ☐ Yes ☐ No If no, explain circumstances: _____

c) PREVIOUS EMPLOYER:

Dates of Employment	From /	To /	Employer

Address _____

City _____ State _____ Zip _____

Position _____ Supervisor _____ ()- -

Title of Supervisor _____

Co-Worker	Name	Address	Phone ()- -
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Reason for Leaving _____

Did you give proper notice? ☐ Yes ☐ No If no, explain circumstances: _____

d) PREVIOUS EMPLOYER:

Dates of Employment	From /	To /	Employer

Address _____

City State Zip

Position _____ Supervisor _____ ()- -

Co-Worker	Name	Address	Phone ()- -
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Reason for Leaving

Did you give proper notice? ☐ Yes ☐ No If no, explain circumstances: _____

City of Milwaukee Police Department Applicant Personal History Questionnaire

- 28) Have you ever received unemployment compensation? ☐ Yes ☐ No

If yes, specify dates below:

From: / / To: / /

From: / / To: / /

From: _____ / _____ To: _____ / _____

From: / / To: / /

From: _____ / _____ To: _____ / _____

From: / / To: / /

NOTE: IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL PAGES FOLLOWING SAME FORMAT.

- 29) Has any employer ever advised you of any problems, or have you had any problems, such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers, and/or being below required standards for quantity and/or quality of work? ☐ Yes ☐ No If yes, explain and give details of all circumstances:

- 30) Have you ever resigned in lieu of termination or been terminated (fired), disciplined, reprimanded, or suspended at any place of employment? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

- 31) Have you ever had any extended work absences for reasons other than medical/sick leave or earned vacations?
☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section V - MILITARY SERVICE

- 32) Have you registered with the Selective Service (Under the Selective Service Act: Section 6, 50 U.S.C. APP456) in accordance with federal law governing males who have reached their eighteenth (18th) birthday?

☐ Yes ☐ No If yes, explain:

- 33) Have you ever served in the Armed Forces, National Guard or Military Reserves? ☐ Yes ☐ No

If no, skip to Question 45

If yes, list active duty and/or reserve duty assignments:

Branch: _____	From: _____ / _____ / _____	To: _____ / _____ / _____
Branch: _____	From: _____ / _____ / _____	To: _____ / _____ / _____
Branch: _____	From: _____ / _____ / _____	To: _____ / _____ / _____

Name, address and phone numbers of unit(s):

Name _____	Phone ()- -
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Address _____

City _____	State _____	Zip _____
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Name _____	Phone ()- -
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Address _____

City _____	State _____	Zip _____
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34) Type of Separation _____ Character of Service _____

Narrative Reason for Separation: _____

If Character of Service is other than "Honorable", explain: _____

Near what major City

35) Where Stationed for Basic Training _____

36) Where transferred after Basic Training _____

- 37) Have you ever served outside of the United States for any period(s) of time? ☐ Yes ☐ No If yes, explain and give details (including country(s), dates, etc) of all instances:

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

38) Were you ever convicted by a court martial? ☐ Yes ☐ No If yes, explain and give details (including dates, incident, punishment, and/or disposition, etc.) of all instances:

39) Have you ever been the subject of any other judicial or non-judicial disciplinary action while in the military? ☐ Yes ☐ No If yes, explain and give details (including dates, incident, punishment, and/or disposition) of all instances:

40) Discharged from where

41) Rank at time of discharge

42) Have you ever been reduced in rank? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

43) How many periods of active military service have you had (Drafts, enlistments or recalls to service)? (provide details)

44) Have you ever been refused enlistment or acceptance by any branch of the Military Service, National Guard, or Military Reserves? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section VI - EDUCATION QUALIFICATIONS

45) High School Graduation or G.E.D

<input type="checkbox"/> I possess a High School Diploma	Date Received ____/____/____	
<input type="checkbox"/> I passed the G.E.D. test	Date ____/____/____	Location _____
<input type="checkbox"/> I possess a Certified High School Equivalency		

46) List all high school(s) and college(s) you have attended (indicate dates of graduation and credits earned).

Name of School _____	Dates Attended	From	To	
		____/____/____	____/____/____	
Location _____ City	State _____	Date of Graduation	____/____/____	
Degree(s) Earned _____		Credits Earned _____		

Name of School _____	Dates Attended	From	To	
		____/____/____	____/____/____	
Location _____ City	State _____	Date of Graduation	____/____/____	
Degree(s) Earned _____		Credits Earned _____		

Name of School _____	Dates Attended	From	To	
		____/____/____	____/____/____	
Location _____ City	State _____	Date of Graduation	____/____/____	
Degree(s) Earned _____		Credits Earned _____		

Name of School _____	Dates Attended	From	To	
		____/____/____	____/____/____	
Location _____ City	State _____	Date of Graduation	____/____/____	
Degree(s) Earned _____		Credits Earned _____		

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

- 47) List other educational or training programs you have taken, such as business institutes or correspondence schools, etc. Note any certificates or diplomas earned.

- 48) Have you ever been placed on probation, suspended or expelled from any school or college for any academic or disciplinary reason? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

- 48a) Has any high school, college, university, or trade school, etc. ever advised you of any problems that you have had, such as attendance, difficulty getting along with instructors or fellow students, etc.? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

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**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section VII - FINANCIAL HISTORY

NOTE: Negative financial history will not be the sole basis for disqualification.

49) Have you ever been an owner, co-owner, or partner of any business? ☐ Yes ☐ No If yes, explain and give details (dates, company name, address, etc.):

50) Do you have an income from any source other than your principal occupation? ☐ Yes ☐ No If yes, explain and give details:

51) Have you been refused credit in the past eight (8) years? ☐ Yes ☐ No If yes, explain and give details:

52) Have you failed to repay a loan in the past eight (8) years? ☐ Yes ☐ No If yes, explain and give details:

53) In the past eight (8) years, have any of your bills been turned over to a collection agency? ☐ Yes ☐ No If yes, explain and give details:

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

54) In the past eight (8) years, have you had any items repossessed or turned back to a finance company?
☐ Yes ☐ No If yes, explain and give details:

55) In the past eight (8) years, have your wages been attached or garnisheed? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

56) In the past eight (8) years, have you filed or declared bankruptcy? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

57) Have you ever had a judgment served against you? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

58) Has the Internal Revenue Service or any other governmental agency ever initiated action to collect past due income or other tax payments? ☐ Yes ☐ No If yes, explain and give details:

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

58a) Have you ever failed to file a tax return when required to do so? ☐ Yes ☐ No If yes, explain and give details:

59) Have you ever failed to pay court ordered support payment(s) for any children of whom you are the mother/father? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

60) Have you ever failed to pay any court ordered payments or fines? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

61) Have you ever taken out any student loans for education or training? ☐ Yes ☐ No

If yes, the loan is: ☐ Paid ☐ Not Paid

If the loan is not paid – Do you have a monthly payback agreement? ☐ Yes ☐ No

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**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section VIII - MOTOR VEHICLE OPERATION

62) Do you currently possess a valid Driver's License? ☐ Yes ☐ No

If yes, complete the following

State Issued	Number	Class/Classes	Expiration Date / /
<hr/>			

63) Has your driver's license and/or driving privileges **EVER** been:

a) SUSPENDED: ☐ Yes ☐ No If yes, explain and give details including dates

b) REVOKED: ☐ Yes ☐ No If yes, explain and give details including dates

63c) Have you ever been classified as a Habitual Traffic Offender (HTO)? ☐ Yes ☐ No If yes, explain and give details including dates

63d) Have you ever been cited for an alcohol related driving offense? ☐ Yes ☐ No If yes, explain and give details including dates

64) Has any driver's license issued to you contained any specific limitations, restrictions, or special conditions?

☐ Yes ☐ No If yes, explain and give details

65) List any other state(s) where you have been licensed to drive:

State	Name used on license
<hr/>	
<hr/>	

State	Name used on license
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**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

66) Have you ever had a driver's license under another name? ☐ Yes ☐ No If yes, explain and give details

67) Have you ever been refused a driver's license by another state? ☐ Yes ☐ No If yes, explain and give details

68) Do you currently own any motor vehicles? Type of vehicles currently owned: ☐ Yes ☐ No If yes, complete the following

<u>STATE</u>	<u>VEHICLE MAKE/MODEL</u>	<u>YEAR</u>	<u>LICENSE PLATE NUMBER</u>
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

68a) Within the last five (5) years, has the registration on any of your vehicles been suspended? ☐ Yes ☐ No If yes, explain and give details

69) Do you have liability insurance on each of the vehicles you own? ☐ Yes ☐ No

70) Have you ever been involved, as the driver, in a motor vehicle accident? ☐ Yes ☐ No If yes, provide the following

<u>DATE</u> <u>ENFORCEMENT /</u> <u>JURISDICTION</u>	<u>LOCATION</u>	<u>CITY / STATE</u>	<u>CITATION /</u> <u>CHARGE</u>	<u>LAW</u>
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/ /	<hr/>	<hr/>	<hr/>
/ /	<hr/>	<hr/>	<hr/>
/ /	<hr/>	<hr/>	<hr/>
/ /	<hr/>	<hr/>	<hr/>
/ /	<hr/>	<hr/>	<hr/>

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

70a) Have you ever been involved in a fatal/near-fatal motor vehicle accident? ☐ Yes ☐ No If yes, explain and give details

71) List ALL traffic violation(s) you have ever been cited for (include military citations):

<u>DATE</u>	<u>VIOLATION</u>	<u>CITY / STATE</u>	<u>DISPOSITION</u>
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

72) Are you presently under indictment or a defendant in any pending traffic action(s)? ☐ Yes ☐ No If yes, explain and give details

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**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section IX - CRIMINAL/CIVIL/JUDICIAL HISTORY

- 73) List all non-traffic convictions you have ever had. Examples of these include, but are not limited to, felony crimes, misdemeanor crimes, Municipal Court Citations, Civil Summons and violations of State Statutes, County and City Ordinances, Department of Natural Resources and Internal Revenue Service laws. List all convictions below and describe. **OMIT NONE!**

	<u>DATE</u>	<u>TYPE / VIOLATION</u>	<u>CITY / STATE</u>	<u>DISPOSITION</u>
a)	/ /			
Describe Incident:				
b)	/ /			
Describe Incident:				
c)	/ /			
Describe Incident:				
d)	/ /			
Describe Incident:				
e)	/ /			
Describe Incident:				
f)	/ /			
Describe Incident:				
g)	/ /			
Describe Incident:				
h)	/ /			
Describe Incident:				
h)	/ /			
Describe Incident:				

- 74) Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor? ☐ Yes ☐ No
If yes, explain and give details including dates

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

75) Have you ever been convicted of a domestic violence related offense? ☐ Yes ☐ No If yes, explain and give details including dates

76) Has a warrant ever been issued for your arrest? ☐ Yes ☐ No If yes, explain and give details including dates

77) Have you ever failed to appear in court when properly ordered to do so? ☐ Yes ☐ No If yes, explain and give details including dates

78) Have you ever had a restraining order and/or an injunction issued against you? ☐ Yes ☐ No If yes, explain and give details including dates

79) Are you presently under indictment or a defendant in any pending criminal or civil action(s)? ☐ Yes ☐ No If yes, explain and give details

80) Have you ever been named as a party in a civil action or proceeding as a plaintiff or defendant? (E.g. paternity action, bankruptcy, eviction, action resulting from non-payment of monies owed, small claims court proceedings, divorce, child custody hearings, civil lawsuits resulting from auto accidents, industrial accidents or negligence on your part or on the part of someone else.) ☐ Yes ☐ No If yes, explain and give details including dates and case numbers

81) Have you ever served time in prison or jail as a result of either a felony or misdemeanor conviction?
☐ Yes ☐ No If yes, explain and give details including dates

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

82) Have you ever been placed on probation/parole as an adult? ☐ Yes ☐ No If yes, explain and give details including dates

83) Have you ever been involved in, or present during, a violent incident where someone was or could have been seriously injured or killed? ☐ Yes ☐ No If yes, explain and give details including dates

84) Have you ever been a member, or associated with, any gang (E.g. motorcycle gang, street gang, etc)?
☐ Yes ☐ No If yes, explain and give details

85) Were you ever required to appear before a Juvenile Court? ☐ Yes ☐ No If yes, explain and give details

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**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

86) Please provide the following information regarding your use and/or experimentation with any controlled substance, without a prescription. Do you now, or have you in the past, used, tried, or experimented with any of the following:

<u>SUBSTANCE</u>	<u>YES</u>	<u>NO</u>	<u>LAST USED</u>	
			<u>MONTH</u>	<u>YEAR</u>
Ecstasy (Methylenedioxy-N-methylamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>		
GHB (Gamma-Hydroxybutyric Acid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine / Crack	<input type="checkbox"/>	<input type="checkbox"/>		
PCP (angel dust, crystal, rocket fuel, KJ)	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines / Methamphetamines (uppers, speed, crank)	<input type="checkbox"/>	<input type="checkbox"/>		
Barbiturates (downers, yellow jackets)	<input type="checkbox"/>	<input type="checkbox"/>		
Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)	<input type="checkbox"/>	<input type="checkbox"/>		
Psilocybin (magic mushroom)	<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		
Morphine / Demerol	<input type="checkbox"/>	<input type="checkbox"/>		
Mescaline / Peyote	<input type="checkbox"/>	<input type="checkbox"/>		
Thai Sticks (Opiated grass)	<input type="checkbox"/>	<input type="checkbox"/>		
Amyl Nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>		
Quaaludes (ludes)	<input type="checkbox"/>	<input type="checkbox"/>		
Steroids	<input type="checkbox"/>	<input type="checkbox"/>		
Hashish / Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>		
Marijuana (Grass, Pot)	<input type="checkbox"/>	<input type="checkbox"/>		
Other – Not listed above	<input type="checkbox"/>	<input type="checkbox"/>		
Describe				

86a) Have you ever failed a mandatory drug screening? ☐ Yes ☐ No If yes, explain and give details

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

87) Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance? ☐ Yes ☐ No If yes, explain and give details

88) Have you ever been involved in glue sniffing and/or used any other such chemical agents for the recreational or social purpose of obtaining a state of intoxication? ☐ Yes ☐ No If yes, explain and give details

89) Have you ever abused a prescribed drug, narcotic, and/or any other controlled substance? ☐ Yes ☐ No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section X - GENERAL QUESTIONS - SECTION X

90) Have you ever applied for a permit to carry a gun? ☐ Yes ☐ No If yes, provide the following:

<u>PERMIT NUMBER</u>	<u>WHERE GRANTED</u>	<u>LAW ENFORCEMENT AGENCY</u>	<u>PURPOSE</u>
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91) List all occasions in the past where you were the victim of a reported crime (Such as thefts, robberies, burglaries, domestic violence, etc.)

QUESTION 92 HAS BEEN ELIMINATED

93) Have you ever held any city or county license(s) relating to bartending, vending, or transportation?
☐ Yes ☐ No If yes, explain and give details

94) Have you ever been employed by the Milwaukee Police or Fire Department? ☐ Yes ☐ No If yes, explain and give details

95) Have you ever applied for any position with the Milwaukee Police or Fire Department prior to this application?
☐ Yes ☐ No If yes, provide the following

<u>DATE</u>	<u>FIRE / POLICE</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
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/ /	<input type="checkbox"/> <input type="checkbox"/>		
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/ /	<input type="checkbox"/> <input type="checkbox"/>		
-----	---	--	--

/ /	<input type="checkbox"/> <input type="checkbox"/>		
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**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

96) Have you ever been rejected/disqualified for any other civil service job, e.g. Police, Fire, Postal Service?

☐ Yes ☐ No If yes, provide the following

<u>DATE</u>	<u>AGENCY</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
/ /			
/ /			
/ /			

96a) Have you ever before been the subject of a background investigation? ☐ Yes ☐ No If yes list **ALL** investigations and specify jurisdiction, date, and disposition for all background investigations.

97) Have either you or any property rented or owned by you ever been investigated by the Health Department, Building Inspection, or other agency? (E.g., cruelty to animals, filthy conditions in a residence, building code violations, or abandoned vehicles on property, etc.) ☐ Yes ☐ No If yes, explain and give details

QUESTION 98 HAS BEEN ELIMINATED

QUESTION 99 HAS BEEN ELIMINATED

QUESTION 99a HAS BEEN ELIMINATED

QUESTION 100 HAS BEEN ELIMINATED

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section XI - LAW ENFORCEMENT EXPERIENCE

- 101) Have you ever acted as a volunteer for any law enforcement agency? ☐ Yes ☐ No If yes, explain and give details

- 102) Have you ever been employed by a law enforcement agency?

☐ Yes ☐ No

If No, skip to Question 109

- 103) List all law enforcement agencies you have been employed by:

- 104) List all complaints that you have been the subject of and all suspensions or reprimands that you have received while employed by a law enforcement agency (Indicate date, nature of incident, disposition or action taken):

- 105) If you are presently, or have been previously, employed by a law enforcement agency, answer the following:

- a) Are there any pending disciplinary action(s) and/or internal investigation(s) against you at this time or were there at the time of your separation? ☐ Yes ☐ No If yes, explain and give details

- b) Your reason for leaving that law enforcement agency

- 106) List all duty-connected civil suits you have been a party to:

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

107) List all on-duty motor vehicle accidents you have been involved in as a driver (Submit copies of accident reports):

108) List all occasions where you engaged in the use of deadly force (Give dates, locations and circumstances):

109) Have you ever been dismissed by a law enforcement agency for any reason(s)? ☐ Yes ☐ No If yes, explain and give details

QUESTION 110 HAS BEEN ELIMINATED

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section XII - PERSONAL REFERENCES

List three (3) individuals who have known you personally for at least the last 3 years and know you well enough to provide current information about you. If this individual is a co-employee he/she also needs to know you socially. **DO NOT** list relatives, present or former employers/supervisors, elected officials or any person employed by the Milwaukee Police Department or Fire and Police Commission.

REFERENCE #1

Name _____ Relationship _____

Address _____

	City	State	Zip
Home Telephone Number ()- -		Hours available at this number?	_____
Cell Telephone Number ()- -		Hours available at this number?	_____
Work Telephone Number ()- -		Hours available at this number?	_____

REFERENCE #2

Name _____ Relationship _____

Address _____

	City	State	Zip
Home Telephone Number ()- -		Hours available at this number?	_____
Cell Telephone Number ()- -		Hours available at this number?	_____
Work Telephone Number ()- -		Hours available at this number?	_____

REFERENCE #3

Name _____ Relationship _____

Address _____

	City	State	Zip
Home Telephone Number ()- -		Hours available at this number?	_____
Cell Telephone Number ()- -		Hours available at this number?	_____
Work Telephone Number ()- -		Hours available at this number?	_____

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

CERTIFICATION & SIGNATURE

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentations, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the City of Milwaukee.

Signature of applicant:_____

Social Security Number:_____ Date:_____

Place Right Index Fingerprint in space below –
NOTE: Fingerprint will be taken by
City of Milwaukee Police Department

ATTACH ONE

PHOTO HERE

KEEP 2ND

PHOTO LOOSE

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

AUTHORIZATION FOR RELEASE OF INFORMATION

Read the authorization for release of information listed below. Your completion of this document allows the Milwaukee Police Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form you **must** print your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to allow to view or to provide to the Milwaukee Police Department and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all background investigations, disciplinary records, performance evaluations, attendance records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Financial records, credit information and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, unemployment records, et al.
4. Records maintained by any law enforcement agency or jurisdiction, including but not limited to background investigations, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.
6. Current or past traffic records maintained by any current or former insurance company.
7. Military records.

This information is to be used to assist the Milwaukee Police Department and the Fire and Police Commission of the City of Milwaukee in determining my qualifications and fitness for the position I am seeking with the Milwaukee Police Department. Please provide the Milwaukee Police Department and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____ OTHER NAME(S) USED: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Applicants must also complete and submit the following:

- IRS Form 4506-T Request for Transcript of Tax Returns covering Tax years 2002 through 2006
- NARA Form 180 Request Pertaining to Military Records

Copies of these forms will be included with the PHQ document.